

9, or who had any single RDS item score greater than 3 were excluded from the study. Patients began treatment with venlafaxine XR 75 mg/day. At week 2, the venlafaxine XR middle-dose and high-dose groups were increased to 150 mg/day; at week 3, the venlafaxine XR high-dose group was increased to 225 mg/day. Improvement was evaluated from the final on-therapy scores of the HAM-A, the HAM-A psychic anxiety factor, and the Clinical Global Impressions (CGI) scale using an intent-to-treat population ($n = 349$). Significant differences versus placebo were observed on the HAM-A total, HAM-A psychic anxiety, and CGI severity and improvement scales. Discontinuations for adverse events occurred in 7 (7%), 14 (15%), 18 (20%), and 17 (19%) of patients in the placebo and venlafaxine XR 75 mg, 150 mg, and 225 mg groups, respectively. The most common treatment-emergent adverse events reported with venlafaxine XR were headache, asthenia, nausea, dizziness, insomnia, nervousness, and somnolence. This study demonstrates the effectiveness and tolerability of once-daily venlafaxine XR in treating outpatients with GAD. Venlafaxine XR may provide an important alternative to currently available anxiolytics.

Mon-P44

KAVA-KAVA AND PSYCHOPHYTOPHARMACA: DIFFERENTIAL THERAPY IN GENERALIZED ANXIETY DISORDERS

W. Lemmer*, M.W. Agelink. *Klinik für Psychiatrie und Psychotherapie, Universitätsklinik, Ev. Krankenhaus Gelsenkirchen, Munkelstr. 27, 45879 Gelsenkirchen, Germany*

In pharmacotherapy of generalized anxiety disorders (GAD) different psychopharmacological agents proved to be effective. However, there is a lack of predictors of therapeutic response. The present study was designed to address this question in 30 patients with GAD (12 male, 18 female).

Each agent was given for one week. To avoid carry-over effects, all treatment weeks were interrupted by one week's wash-out periods. Primary efficacy criterion was Hamilton total score at the end of each treatment week.

Differences between the drugs can be found. However, meta-analysis showed that in chronic GAD, by means of single-case experiments, differences in efficacy between drugs can be found ($p < 0.01$).

Mon-P45

RISK OF DEPRESSION AFTER BREAST CANCER

K. Hjerl¹*, E.W. Olsen², N. Keiding², P.B. Mortensen³, T. Sørensen⁴, T. Jørgensen¹. ¹Centre of Preventive Medicine, Glostrup University Hospital; ²Institute of Public Health, University of Copenhagen; ³Psychiatric Hospital of Århus; ⁴Odense University Hospital, Denmark

In the literature it has been proposed that treatment of depressive symptoms subsequent to breast cancer is not frequent.

This nation-wide register-linkage cohort study was based upon The Danish Psychiatric Case Registry, The Danish Cancer Registry and The Danish Breast Cancer Co-operation Group.

The base population consists of all Danish women, diagnosed with breast cancer during the period 1969–1993.

From this cohort were collected all women with a subsequent admission to a psychiatric hospital or a psychiatric ward in a general hospital with depressive disorder or depressive symptoms.

The incidence of admission to a psychiatric hospital or a psychiatric ward in general hospital with depressive disorder or

depressive symptoms is compared to the same incidence for the normal population of women adjusted for age and calendar time.

Civil state and prognostic variables are taken into account, and in the statistical analyses multiplicative intensity models were used.

The standardised incidence rate = SIR will be presented at the meeting.

Mon-P46

SUICIDAL RISK AFTER BREAST CANCER

K. Hjerl¹*, E.W. Olsen², N. Keiding², P.B. Mortensen³, T. Sørensen⁴, T. Jørgensen¹. ¹Centre of Preventive Medicine, Glostrup University Hospital; ²Institute of Public Health, University of Copenhagen; ³Psychiatric Hospital of Århus; ⁴Odense University Hospital, Denmark

It has been proposed that depressive symptoms subsequent to breast cancer often are undiagnosed or not treated sufficiently.

We hypothesised a higher suicidal rate in women with breast cancer compared to the normal population of women adjusted for age and calendar time.

This nation-wide register-linkage cohort study was based upon The Danish Cancer Registry and The Danish Registry of Causes of Death.

The base population consists of all Danish women diagnosed with breast cancer during the period 1974–1993. From this cohort were collected all women deceased and registered with non-natural causes of death.

The incidence in this cohort of registration with non-natural causes of death is compared to the incidence of registration of non-natural causes of death in the normal population of women adjusted for age, calendar time and zone of urbanity.

Marital status and earlier psychiatric admission with depressive diagnoses were taken into account.

In the statistical analyses multiplicative intensity models were used.

The standardised incidence rate = SIR will be presented at the meeting.

Mon-P47

AFFECTIVE SPECTRUM DISORDERS AMONG THE PATIENTS WITH DIABETES MELLITUS

N. Piatnitski. *Mental Health Centre of Russian Academy of Medical Sciences, Zagorodnoye Schosse, Dom 2, Korpus 2 113152 Moscow, Russia*

The objective of the study was to explore the prevalence of affective disorders in the patients with diabetes mellitus (type I and II). The investigation includes randomized group of 50 female inpatients of endocrinological department for diabetes mellitus. 30% of the patients had mood disturbances, appeared as emotionally unstable personality disorder (16%), recurrent depressive disorder (4%), dysthymia (4%), prolonged depressive reaction (2%) and generalized anxiety disorder (4%). They were diagnosed according to ICD-10 criteria. The rate of recurrent depressive disorder, dysthymia, prolonged depressive reaction and generalized anxiety disorder corresponded to the ordinary populational rate. In spite of this spontaneously low prevalence of affective disorders (taken separately) in the patients with diabetes mellitus, high prevalence of emotionally unstable personality disorder (16%) should be considered as a predisposing condition for development of affective disorders in the patients with diabetes. This finding supports the statement that insulin-dependent and non-insulin-dependent diabetic patients with long standing illness are at increased risk for

affective disorders. The origin of high prevalence of emotionally unstable personality disorder in the patients with diabetes mellitus is discussed in connection with developmental-behavioural and biological-constitutional factors.

Mon-P48

COPING STRATEGIES AND PSYCHOLOGICAL MORBILITY IN ASYMPTOMATIC, SYMPTOMATIC AND AIDS PATIENTS

M. Soler-Viñolo*, P. Soler, M.D. Carretero, C. Martín, M. Soler-Arrebola, J.P. A-Nacle. *Department of Psychiatry, Medical School, University of Granada, Spain*

Aim: To study possible changes of coping strategies with the course of the illness and to assess its relationship with psychological morbidity among HIV positive patients.

Method: 21 asymptomatic, 59 symptomatic non-AIDS and 20 AIDS patient were studied. International Classification of Control Disease Centre, 1993 (CDC stage); CD4 count, CD4/CD8, COPE Questionnaire (Carver et al, 1989) to assess coping strategies; Hospital Anxiety and Depression Scale (HAD) to assess affective disorders were used.

Results: 32% of all sample showed anxiety symptoms, which rise 50% if we include patients who presented borderline anxiety. Anxiety was related neither to CDC stage of HIV infection nor CD4 count. However, anxiety were correlated positively with denial of illness ($p < 0.001$) and behavioural disengagement ($p < 0.04$). Acceptance of HIV infection was negatively correlated to anxiety ($p < 0.01$). Symptomatics non-AIDS had more depressive symptoms than other groups ($p < 0.04$). Behavioral disengagement and denial were more common among symptomatics-non AIDS and were positively correlated to depressive symptoms ($p < 0.001$). A negative correlations between depressive symptoms and active coping. These last were more common among asymptomatic and AIDS patients. Suppression of competing activities, CD4 count and behavioral disengagement are the best predictor (70%) for any HIV infection stage.

Conclusion: to identify disadaptatives coping strategies in the outcome of HIV infection is a significant predictor of psychological morbidity among HIV patients

Mon-P49

SOCIAL SUPPORT AMONG DIFFERENT HIV POSITIVE RISK GROUPS

P. Soler*, C. Martín, M.D. Carretero, M. Soler-Viñolo, M. Soler-Arrebola. *Department of Psychiatry, Medical School, University of Granada, Spain*

Aim: To studied the social support in HIV+ people belonging to different HIV risk groups. To exam the relationship between social support in each HIV risk group and its repercussions in psychological morbidity or adaptation to illness.

Method: 100 HIV+ patients: 51 IDU's, 20 homosexuals and 29 heterosexuals were evaluated. Sociodemographic and clinical data, Eysenck Personality Inventory (EPI), Social Provision Scale (Russel & Cutrona, 1987), Hospital Anxiety & Depression (HAD, Zigmon & Snaith, 1983) were used.

Results: Significant statistical differences in each HIV risk group regarding gender, marital status and sociocultural level, were seen. No statistical differences were found between sociodemographic data and extraversion, anxiety, depression and social support. Introversion were more common among IDU's and homosexuals. Introversion and social support were negatively correlated ($p < 0.01$). Depressive symptoms were more common in IDU's; social

support and depression were negatively correlated ($p < 0.001$). Social support as best psychological predictor to identify HIV risk grup were pointed out. The lowest social support were seen among IDU's. Lower of social support was associated with the lack of preventive measures towards HIV transmission ($p < 0.01$).

Conclusion: Improvement and increase social support among HIV+ IDU's are needed. Social support is both important whether to cope well with illness or to prevent HIV transmission

Mon-P50

INFLUENCE OF INTERPERSONAL PSYCHOTHERAPY (IPT) ON PSYCHOSOCIAL VARIABLES AND IMMUNE STATUS OF DEPRESSED HIV-POSITIVE PATIENTS

T. Gruettert*, B. Alm, F.A. Henn. *Central Institute of Mental Health, Mannheim, Germany*

Objective: IPT is a short-term therapy with documented benefits for depressed patients. The influence of psychosocial variables on the biological course of a HIV-infection has been discussed. The preliminary data presented here are derived from two treatment modalities of a randomized clinical investigation in which the autors compared a 16 session intervention of IPT to an isofrequent supportive psychotherapy on psychosocial outcome variables and parameters of immune status of HIV-infected males.

Method: HIV-positive and not severely handicaped males who had scores of ≥ 18 on the Hamilton DRS were randomly assigned to one of the two treatment modalities. They were assessed first at baseline and after completion of therapy by means of the following instruments: HDRS, BDI, SCID, SCID-PD, MMSE, Self-Rating of Feelings (v. Zerssen), Questionnaire on Interpersonal Relations (IIP-C, Horowitz) and a medical check-up incl. CD-4 count, PCR, β_2 -microglobuline and p24-antigene. In each session HDRS and v. Zerssen were repeated.

Results: Results from ongoing treatment and completed analysis showed decreased scores (HDRS, v. Zerssen) for both treatment modalities. Significant improvement for IPT appeared by midtreatment and increased towards termination. Preliminary data implied no significant psychoimmunological effect of psychotherapy neither in comparison of both treatment modalities nor when focussing on the general progression of illness (opportunistic infections, viral load etc).

Conclusion: Results do suggest that a specific manual based antidepressent psychotherapy like IPT focussing on interpersonal problems present in many HIV-patients- has advantages over a supportive therapy. An immunstimulating effect could at least not be shown by our regime. Improved immunology situation is discussed as psychotherapy effect via increased compliance.

Mon-P51

INTERPERSONAL PSYCHOTHERAPY (IPT) AS A TREATMENT FOR DEPRESSED HIV-POSITIVE PATIENTS: FOCUS, PSYCHOSOCIAL VARIABLES, OUTCOME

T. Gruettert*, B. Alm, F.A. Henn. *Central Institute of Mental Health, Mannheim, Germany*

Objective: IPT has rarely been described as a treatment for depressed HIV-patients, although IPT offers effective strategies in encountering the additive deterioration of health by physical and psychological problems. The interpersonal perspective emphasizes functioning relations vital for compliance, active coping, prevention of suicide, quality of life and perhaps also the immunological situation. In this survey 12 clinically depressed HIV-positive patients